

## BEST AVAILABLE COPY

|   |   |                   |   |              |                              |                    |  |        |  |
|---|---|-------------------|---|--------------|------------------------------|--------------------|--|--------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD   |   |                   |   |              | Application or Docket Number |                    |  |        |  |
| Effective October 1, 2001   |   |                   |   |              |                              |                    |  |        |  |
| <b>CLAIMS AS FILED - PART I</b>   |   |                   |   |              |                              |                    |  |        |  |
| (Column 1)  |   | (Column 2)        |   |              |                              |                    |  |        |  |
| TOTAL CLAIMS  |   | 13                |   |              |                              |                    |  |        |  |
| FOR   |   | NUMBER FILED      |   | NUMBER EXTRA |                              |                    |  |        |  |
| TOTAL CHARGEABLE CLAIMS   |   | 13 minus 20=      |   | 17           |                              |                    |  |        |  |
| INDEPENDENT CLAIMS  |   | 3 minus 3 =       |   | 0            |                              |                    |  |        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |                   |   |              | <input type="checkbox"/>     |                    |  |        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                   |   |              |                              |                    |  |        |  |
| 10/26/04  |   |                   |   |              |                              |                    |  |        |  |
| <b>CLAIMS AS AMENDED - PART II</b>  |   |                   |   |              |                              |                    |  |        |  |
| (Column 1)  |   | (Column 2)        |   | (Column 3)   |                              |                    |  |        |  |
| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA             |                    |  |        |  |
|   | Total                                     | * 13.             | Minus                                       | ** 20        | =                            | =                  |  |        |  |
| Independent   | * 3                                       | Minus             | *** 3                                       | =            | 0                            |                    |  |        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |              | <input type="checkbox"/>     |                    |  |        |  |
| OTHER THAN<br>SMALL ENTITY  |   |                   |   |              |                              |                    |  |        |  |
| RATE  |   | FEE               |   | RATE         |                              | FEE                |  |        |  |
| BASIC FEE   |   | 370.00            |   | OR           |                              | BASIC FEE          |  | 740.00 |  |
| X\$ 9=  |   |                   |   | OR           |                              | X\$18=             |  |        |  |
| X42=  |   |                   |   | OR           |                              | X84=               |  |        |  |
| +140=   |   |                   |   | OR           |                              | +280=              |  |        |  |
| TOTAL   |   |                   |   | OR           |                              | TOTAL              |  | 240    |  |
| AMENDMENT B   |   |                   |   |              |                              |                    |  |        |  |
| (Column 1)  |   | (Column 2)        |   | (Column 3)   |                              |                    |  |        |  |
| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA             |                    |  |        |  |
|   | Total                                     | * 13.             | Minus                                       | ** 20        | =                            | 0                  |  |        |  |
| Independent   | * 3                                       | Minus             | *** 3                                       | =            | 0                            |                    |  |        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |              | <input type="checkbox"/>     |                    |  |        |  |
| OTHER THAN<br>SMALL ENTITY  |   |                   |   |              |                              |                    |  |        |  |
| RATE  |   | ADDITIONAL<br>FEE |   | RATE         |                              | ADDITIONAL<br>FEE  |  |        |  |
| X\$ 9=  |   |                   |   | OR           |                              | X\$18=             |  |        |  |
| X42=  |   |                   |   | OR           |                              | X84=               |  |        |  |
| +140=   |   |                   |   | OR           |                              | +280=              |  |        |  |
| TOTAL<br>ADDT. FEE  |   |                   |   | OR           |                              | TOTAL<br>ADDT. FEE |  |        |  |
| AMENDMENT C   |   |                   |   |              |                              |                    |  |        |  |
| (Column 1)  |   | (Column 2)        |   | (Column 3)   |                              |                    |  |        |  |
| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA             |                    |  |        |  |
|   | Total                                     | * 13.             | Minus                                       | ** 20        | =                            | 0                  |  |        |  |
| Independent   | * 3                                       | Minus             | *** 3                                       | =            | 0                            |                    |  |        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |              | <input type="checkbox"/>     |                    |  |        |  |
| OTHER THAN<br>SMALL ENTITY  |   |                   |   |              |                              |                    |  |        |  |
| RATE  |   | ADDITIONAL<br>FEE |   | RATE         |                              | ADDITIONAL<br>FEE  |  |        |  |
| X\$ 9=  |   |                   |   | OR           |                              | X\$18=             |  |        |  |
| X42=  |   |                   |   | OR           |                              | X84=               |  |        |  |
| +140=   |   |                   |   | OR           |                              | +280=              |  |        |  |
| TOTAL<br>ADDT. FEE  |   |                   |   | OR           |                              | TOTAL<br>ADDT. FEE |  |        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                   |   |              |                              |                    |  |        |  |